CSB AGENCIES - BATCH HEADER (BATCH BY PROCESS LEVELS)

EFFECTIVE PAY PERIOD   FROM: _____   TO: _____

AGENCY: _____   PROCESS LEVEL: _____

OF EMPLOYEES IN AGENCY: _____   # OF TIME ENTRY FORMS ATTACHED: _____

PAY CODE:		**TOTAL # OF HOURS**
REGULAR PAY	**100**	_____
ANNUAL LEAVE TAKEN	**300**	_____
SICK LEAVE TAKEN	**310**	_____
FAMILY SICK LEAVE TAKEN	**311**	_____
SCHEDULED HOLIDAY	**320**	_____

List other Pay Codes and Description :

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		_____

BATCH TOTAL HOURS _____ **0**

I hereby certify that this report has been prepared as directed and is complete and correct to the best of my knowledge and belief.

_____   _____
AGENCY PREPARER   **DATE**

_____   _____
AGENCY APPROVER   **DATE**